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FEC FORM 3

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorize	ed Committee	Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Kristin Cabral for Cor	ngress			
ADDRESS (number and street)	673 Potomac Station Driv	re #804		
Check if different than previously reported. (ACC)	Leesburg		VA 20176	6
2. <b>FEC IDENTIFICATION</b>	NUMBER ▼ (	CITY	STATE A	ZIP CODE
C C00519199	3. IS RE	THIS NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT  VA 10
4. TYPE OF REPORT (6) (a) Quarterly Reports:  April 15 Quarterly	y Report (Q1)	Day <b>PRE</b> -Election Report for the Primary (12P) Convention (12C)	: General (12G) Special (12S)	Runoff (12R)
July 15 Quarterly October 15 Quar		ection on	/ Y = Y = Y	in the State of
January 31 Year-	End Report (YE) (c) 30-	Day <b>POST</b> -Election Report for the	ne:	
		General (30G)	Runoff (30R)	Special (30S)
X Termination Repo	` '	ection on	/ Y " Y " Y " Y	in the State of
5. Covering Period	01		M / D D / Y 28	Y Y Y 2013
I certify that I have examined  Type or Print Name of Treasu		of my knowledge and belief it is	true, correct and con	nplete.
	llen Scott	[Electronically Filed]	Date 03	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, error	oneous, or incomplete informa	ation may subject the person signin	ng this Report to the pe	nalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 13

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

## Kristin Cabral for Congress

01 02 28 2013 01 2013 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 526.36 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 500.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 26.36 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 2716.86 25526.93 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 2716.86 25526.93 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 137714.33 Schedule C and/or Schedule D).....

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

PAGE 3 / 13

of Receipts FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

## Kristin Cabral for Congress

01 2013 02 28 2013 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	71966.64
	(ii) Unitemized	0.00	43648.20
	(iii) TOTAL of contributions from individuals	0.00	215.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) The Candidate	0.00	311.36
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	526.36
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	LOANS: (a) Made or Guaranteed by the		
	Candidate	0.00	0.00
	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
	OFFSETS TO OPERATING EXPENDITURES		
	(Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	2500.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	3026.36

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

**COLUMN A COLUMN B** II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 2716.86 25526.93 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 9085.67 9085.67 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... TOTAL LOAN REPAYMENTS 9085.67 9085.67 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 500.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 500.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 11802.53 35112.60 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 11802.53 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 11802.53 25. SUBTOTAL (add Line 23 and Line 24)..... 11802.53 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 0.00 (subtract Line 26 from Line 25).....

## S IT

In	nage# 13961144924					
	CHEDULE B (FE EMIZED DISBUR	=		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: (check only one)    X   17
						person for the purpose of soliciting contributions are to solicit contributions from such committee.
	NAME OF COMMITTEE (I	n Full)		audices of unity point		
Α.	Full Name (Last, First, Mir PAC Strategies, L	,				Date of Disbursement
	Mailing Address PO Box	26054				01 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Alexandria		State VA	Zip Code 22313		Amount of Each Disbursement this Period
	Purpose of Disbursement Compliance Consulting F					294.45 Transaction ID : D309650
	Office Sought: Ho	enate esident	ement For Primary Other (s	X General	Category/ Type	
В.	Full Name (Last, First, Mi PAC Strategies, I	LLC				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Alexandria		State VA	Zip Code 22313		Amount of Each Disbursement this Period
	Purpose of Disbursement Compliance Consulting F Candidate Name	ee			Category/	338.65 Transaction ID : D309651
	Se	enate esident	ement For Primary Other (s	X General	Туре	
_	Full Name (Last, First, Mi					
C.	PAC Strategies, I	·				Date of Disbursement
	Mailing Address PO Box	26054				02
	City Alexandria Purpose of Disbursement Compliance Consulting F	Sta V <i>P</i> ee		p Code 2313		Amount of Each Disbursement this Period 750.00
	Candidate Name				Category/ Type	Transaction ID : D309652
	Se	puse Disburs enate esident	Primary Other (s	X General	71	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

ago., 10001111020			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS			FOR LINE NUMBER: PAGE 6 OF 13 (check only one)
	Detailed Summary	/ Page	20a 20b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar NAME OF COMMITTEE (In Full)			
Kristin Cabral for Congress			
Full Name (Last, First, Middle Initial)  A. Intuit Payroll Services			Date of Disbursement
Mailing Address PO Box 30005			01 04 2013
City State Reno NV	Zip Code 89520		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Service Fees			71.10
Candidate Name		Category/ Type	Transaction ID : D309642
Office Sought: House Disbursement Senate President Othe			
State: District:			
Full Name (Last, First, Middle Initial)  Swift CPA  Mailing Address 2452 Vale Way			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code		Amount of Each Disbursement this Period
Erie CO	80516		
Purpose of Disbursement Software Licensing Fees  Candidate Name		Ontarand	50.00 Transaction ID : D309643
	For: 2042	Category/ Type	
Senate Prime	-		
Full Name (Last, First, Middle Initial)			1
c. NGP VAN			Date of Disbursement
Mailing Address 1101 15th St NW Ste 500			02 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Washington DC	Zip Code 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Software Licensing Fees	20005		550.00
Candidate Name		Category/ Type	Transaction ID : D309653
Office Sought: House Disbursement Senate Prime President Othe			
State: District:	,,		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

## S

	CHEDULE B (FEC Form EMIZED DISBURSEMEN	-	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one)    X   17
		using the name and a			person for the purpose of soliciting contributions e to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)  SignaPay  Mailing Address 105 Decker Ct Ste 68				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Irving Purpose of Disbursement Monthly Merchant Fee	State TX	Zip Code 75062		Amount of Each Disbursement this Period  37.96  Transaction ID: D309644
	Office Sought: House Senate President	Disbursement For Primary Other (s	X General	Category/ Type	Transaction ID: D309644
В.	State: District:  Full Name (Last, First, Middle Initial)  Authorize.net  Mailing Address PO Box 8999				Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City San Francisco Purpose of Disbursement Merchant Gateway Fees Candidate Name	State CA	Zip Code 94128	Category/ Type	Amount of Each Disbursement this Period  30.00  Transaction ID : D309645
_	Office Sought:    House   Senate   President	Disbursement For Primary Other (s	General	Турс	
C.	Full Name (Last, First, Middle Initial) Intuit Payroll Services  Mailing Address PO Box 30005				Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Reno Purpose of Disbursement Payroll Service Fees  Candidate Name		p Code 9520	Category/ Type	Amount of Each Disbursement this Period  65.50  Transaction ID : D309646
	Office Sought:  Senate  President  State:  District:	Disbursement For Primary Other (s	X General		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER: (check only one)					PAG	ìΕ	8	OF	13	
Use separate schedule(s)											
for each category of the Detailed Summary Page	[	X	17		18		٦.	19a		19	k
Detailed Suffillary Fage			20a		20b		2	20c		21	
ay not be sold or used by any person for the purpose of soliciting contributions											

		20a     20b     20c     21
Any information copied from such Reports and Statements may not be sold or user for commercial purposes, other than using the name and address of any political purposes.		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Kristin Cabral for Congress		
Full Name (Last, First, Middle Initial)  A. American Express  Mailing Address PO Box 53773		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Phoenix AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees  Candidate Name	Category/ Type	12.95 Transaction ID : D309647
Office Sought:  House Senate President  State:  Disbursement For: 2012  Primary Other (specify)	турс	
Full Name (Last, First, Middle Initial)  3.		Date of Disbursement
Mailing Address PO Box 660720  City State Zip Code Dallas TX 75266  Purpose of Disbursement Telephones  Candidate Name  Office Sought: House Senate Disbursement For: 2012  Senate Primary General	Category/ Type	Amount of Each Disbursement this Period  266.25  Transaction ID : D309648
President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)		
Mailing Address 1101 15th St NW Ste 500		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Washington DC 20005  Purpose of Disbursement Software Licensing Fees		Amount of Each Disbursement this Period  250.00  Transaction ID: D309649
Office Sought:  House Senate President State:  Disbursement For: 2012 Primary Other (specify)	Category/ Type	
SUBTOTAL of Disbursements This Page (optional)		529.20
TOTAL This Period (last page this line number only)		2716.86

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9 OF 13 (check only one)
TEMIZED DISBURSEMENTS	Detailed Summary Page	17   18   X   19a   19b   20a   20b   20c   21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)  Kristin Cabral for Congress		
Full Name (Last, First, Middle Initial)		
A. Kristin Cabral		Date of Disbursement
Mailing Address 673 Potomac Station Drive #804		02 28 2013
City State	Zip Code	Amount of Each Disbursement this Period
Leesburg VA Purpose of Disbursement	20176	9085.67
Loan Payment		Transaction ID : D309654
Candidate Name Kristin Cabral	Category Type	
Office Sought: House Disbursement F Senate Primal		
.,,	(specify)	
State: VA District: 10  Full Name (Last, First, Middle Initial)		
3.		Date of Disbursement
		M M / D D / Y Y Y
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		7
O - Palata Na ma		
Candidate Name	Category Type	
Office Sought: House Disbursement F Senate Prima		
	(specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		M M / D D / Y Y Y
Mailing Address		W W / D D / T T T T
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	
Office Sought: House Disbursement F		
Senate Primal President Other	y General (specify)	
State: District:	(-1-2-1)	
SUBTOTAL of Disbursements This Page (optional)		9085.67

TOTAL This Period (last page this line number only).....

1mage# 13961144929 PAGE 10 / 13

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC' 5 'F9 DC F H Ž G7 < 98 I @ 'C F' ± H9 A = N 5 H ± C B

Form/Schedule: SB19A Transaction ID: D309654

Balance of all loans made by candidate to the campaign totaling \$137,714.33 have been forgiven by the candidate.

Form/Schedule: Transaction ID:

## SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11

×	13a
	13b

13

OANS			for each category of Detailed Summary Pa	
IAME OF COMMITTEE (In Fu	•		Transa	action ID : L565
LOAN SOURCE Full Nam Kristin Cabral PERS		dle Initial)	[PERSONAL FUNDS]	Election: 2012 Primary General
Mailing Address 673 Potomac Station Drive #	804			Other (specify)
City		State	ZIP Code	
Leesburg		VA	20176	
Original Amount of Loan	46800.00	Cumulative Payı	ment To Date Ba	alance Outstanding at Close of This Period
TERMS  Date Incurr	ž01ž <sup>Y</sup>	M M / D D	nte Due Interest Ra	
List All Endorsers or Gua 1. Full Name (Last, First,	, ,,	Loan Source	Name of Employer	
•	ivildale illitial)			
Mailing Address			Occupation  Amount	
City	State	ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period Thi	s Page (optional)		<u> </u>	37714.33
TOTALS This Period (last page	ge in this line only	)	·····	, ,
Carry outstanding balance o	nly to LINE 3, Sch	edule D, for this	line. If no Schedule D, carry for	rward to appropriate line of Summary.

## SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

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×	13a
	13h

13

(check only one) Detailed Summary Page Transaction ID: L597 NAME OF COMMITTEE (In Full) Kristin Cabral for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Kristin Cabral PERS FUNDS ★ General Mailing Address Other (specify)  $\blacktriangledown$ 673 Potomac Station Drive #804 State ZIP Code City VA 20176 Leesburg Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup>12 Ž012 none No due date % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 50000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

## SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

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×	13a
	13h

13

(check only one) Detailed Summary Page Transaction ID: L685 NAME OF COMMITTEE (In Full) Kristin Cabral for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Kristin Cabral PERS FUNDS ★ General Mailing Address Other (specify)  $\blacktriangledown$ 673 Potomac Station Drive #804 State ZIP Code City VA20176 Leesburg Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>16<sup>D</sup> <sup>M</sup>08<sup>M</sup> Ž012 none No due date % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 50000.00 TOTALS This Period (last page in this line only) ...... 137714.33 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.